

and the number of each, in order of with the Local Registrar within

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be birth, stated. This certificate must be filed by the attending Physician. 5 days after birth.

PLACE OF BIRTH

County of Yuma

District of _____

Town of _____

City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Register No. 58

St.; _____ Ward)

FULL NAME OF CHILD George F. Messer

Born

Yes

No

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>M.</u>	Twin, Triplet or other <u>✓</u>	and	Number in order of birth <u>✓</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug. 30</u> 19 <u>09</u>
FATHER					MOTHER
Full Name <u>George F. Messer</u>					Full Maiden Name <u>Ida C. Lane</u>
Residence <u>Globe, Yuma Co.</u>					Residence <u>Same</u>
Color or Race <u>W</u>		Age at last Birthday <u>35</u> (Years)		Color or Race <u>W</u> Age at last Birthday <u>40</u> (Years)	
Birthplace <u>Ohio</u>					Birthplace <u>Texas</u>
Occupation <u>Ice Man</u>					Occupation <u>Housewife</u>

Number of child of this mother 6

Number of children, of this mother, now living 3

Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 30, 1909, at 5:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

Given or christian name added from a supplemental report Sept 10 1909

Address Globe

Signature O. S. Sturgeon (Attending physician, midwife, householder. *)

Filed Sept 1 1909

LOCAL REGISTRAR. B. G. Fox W. D.

COUNTY REGISTRAR. B. G. Fox W. D.

749-830-935